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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/702,144
	Filing Date	November 5, 2003
	First Named Inventor	Leszko Kulczar et al.
	Art Unit	3622
	Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number 4205,002

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	GEHRKE & ASSOCIATES, S.C.	
Signature	<i>Lisa Brzycki</i>	
Printed name	Lisa A. Brzycki	
Date	November 4, 2004	Reg. No. 40,926

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature	<i>Lisa Brzycki</i>	
Typed or printed name	Lisa A. Brzycki	Date November 4, 2004

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PTO/SB/83 (09-04)

Approved for use through 11/30/2005. OMB 0661-0035
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/702,144
Filing Date	November 5, 2003
First Named Inventor	Kulcsar, Laszlo
Art Unit	3622
Examiner Name	
Attorney Docket Number	4206.002

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Nonpayment of fees.

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<input checked="" type="checkbox"/> Firm or Individual Name	LASZLO KULCSAR		
Address	16525 Gebhardt Road		
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Country	United States of America		
Telephone	414-403-0785	Fax	
Signature	Lisa A. Brzycki		
Name	Lisa A. Brzycki	Registration No.	40,926
Date	September 23, 2004	Telephone No.	414-774-0874

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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